

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be a refund for prescription medications paid to respondent.
- b. The request was received on July 2, 2002.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. TWCC-66a
 - c. EOB
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. Response not submitted
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the respondent on August 31, 2002, certified mail receipt #: 7002 0510 0003 0569 2855. A response was not received.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated June 27, 2002 that...
"Enclosed please find requested material for the above patient, Tex J Inman, in order that we may file a med dispute regarding the requested refund letter stating per peer review no more medication is necessary..."
2. Respondent: No response submitted.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on August 22, 2001 and extending through November 19, 2001.
2. Rule 133.304(a-b) states that an insurance carrier must take final action on a medical bill not later than the 45th day after the date the carrier received a completed medical bill. “Final action” includes sending payment, denying a charge on the medical bill, or requesting reimbursement for an overpayment.
3. The insurance carrier’s copy of the TWCC-66a was not stamped received by the carrier. A TWCC-66A was submitted 9/3/01 with an additional five (5) days allowed for mailing. The carrier requested a refund on 10/09/01; this request for refund was submitted in a timely manner and will be reviewed per Texas Workers Compensation Rules and Guidelines.
4. The Commission does not have jurisdiction because the health care provider was not denied payment or paid a reduced amount for those services as is required for jurisdiction under section 413.031(a)(1) and because the Carrier did not send a Notice of Medical Payment Dispute regarding those services, as is required by section 408.027(d) and Rule 133.304.

The above Findings and Decision are hereby issued this 23rd day of January 2003.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf